

| CLAIMS ONLY  |          | P/694121  |                       | Filing Date |                        |        |
|--------------|----------|---|-----------------------|-------------|------------------------|--------|
|              |          | Applicant(s)                                      |                       |             |                        |        |
|              |          | • May be used for additional claims or amendments |                       |             |                        |        |
| CLAIMS       | AS FILED |   | AFTER FIRST AMENDMENT |             | AFTER SECOND AMENDMENT |        |
|              | Indep    | Depend  | Indep                 | Depend      | Indep                  | Depend |
| 1            |          |   |                       |             |                        |        |
| 2            |          |   |                       |             |                        |        |
| 3            |          |   |                       |             |                        |        |
| 4            |          |   |                       |             |                        |        |
| 5            |          |   |                       |             |                        |        |
| 6            |          |   |                       |             |                        |        |
| 7            |          |   |                       |             |                        |        |
| 8            |          |   |                       |             |                        |        |
| 9            |          |   |                       |             |                        |        |
| 10           |          |   |                       |             |                        |        |
| 11           |          |   |                       |             |                        |        |
| 12           |          |   |                       |             |                        |        |
| 13           |          |   |                       |             |                        |        |
| 14           |          |   |                       |             |                        |        |
| 15           |          |   |                       |             |                        |        |
| 16           |          |   |                       |             |                        |        |
| 17           |          |   |                       |             |                        |        |
| 18           |          |   |                       |             |                        |        |
| 19           |          |   |                       |             |                        |        |
| 20           |          |   |                       |             |                        |        |
| 21           |          |   |                       |             |                        |        |
| 22           |          |   |                       |             |                        |        |
| 23           |          |   |                       |             |                        |        |
| 24           |          |   |                       |             |                        |        |
| 25           |          |   |                       |             |                        |        |
| 26           |          |   |                       |             |                        |        |
| 27           |          |   |                       |             |                        |        |
| 28           |          |   |                       |             |                        |        |
| 29           |          |   |                       |             |                        |        |
| 30           |          |   |                       |             |                        |        |
| 31           |          |   |                       |             |                        |        |
| 32           |          |   |                       |             |                        |        |
| 33           |          |   |                       |             |                        |        |
| 34           |          |   |                       |             |                        |        |
| 35           |          |   |                       |             |                        |        |
| 36           |          |   |                       |             |                        |        |
| 37           |          |   |                       |             |                        |        |
| 38           |          |   |                       |             |                        |        |
| 39           |          |   |                       |             |                        |        |
| 40           |          |   |                       |             |                        |        |
| 41           |          |   |                       |             |                        |        |
| 42           |          |   |                       |             |                        |        |
| 43           |          |   |                       |             |                        |        |
| 44           |          |   |                       |             |                        |        |
| 45           |          |   |                       |             |                        |        |
| 46           |          |   |                       |             |                        |        |
| 47           |          |   |                       |             |                        |        |
| 48           |          |   |                       |             |                        |        |
| 49           |          |   |                       |             |                        |        |
| 50           |          |   |                       |             |                        |        |
| Total Indep  |          |   | 2                     |             |                        |        |
| Total Depend |          | 6   |                       |             |                        |        |
| Total Claims |          | 8   |                       |             |                        |        |